

---

**From:** <courtneys@pharmasales.com>  
**Sent:** Fri 6/12/2020 6:37:03 PM (UTC)  
**To:** <invoices@safechain.com>  
**Cc:** "wwopenorders" <wwopenorders@pharmasales.com>, "Charles Boyd" <CharlesB@Safechain.com>  
**Subject:** FW: NEW VENDOR - GENTEK  
**Attachment:** Vendor Intake Application SC GENTEK.pdf  
**Attachment:** W-9 GENTEK.pdf  
**Attachment:** CT LICENSE GENTEK.pdf

License attached



**Courtney Schumacher**

Marketing and Customer Support Associate

World Wide Pharma Sales

Cell: 908-507-7594 | Email: [CourtneyS@pharmasales.com](mailto:CourtneyS@pharmasales.com)

[PharmaSales.com](http://PharmaSales.com)

---

**From:** courtneys@pharmasales.com <courtneys@pharmasales.com>  
**Sent:** Friday, June 12, 2020 2:13 PM  
**To:** invoices@safechain.com  
**Cc:** wwopenorders@pharmasales.com; 'Charles Boyd' <CharlesB@Safechain.com>  
**Subject:** NEW VENDOR - GENTEK

Hey Kenzie! See attached application and W-9 for Gentek. We are working on getting their CT license and will send that over to you once received  
Once approved, please see below information needed on their side.



**Courtney Schumacher**

Marketing and Customer Support Associate

World Wide Pharma Sales

Cell: 908-507-7594 | Email: [CourtneyS@pharmasales.com](mailto:CourtneyS@pharmasales.com)

[PharmaSales.com](http://PharmaSales.com)

---

**From:** JOSE RUIZ <[sales@gentekusa.com](mailto:sales@gentekusa.com)>  
**Sent:** Monday, June 8, 2020 12:50 PM  
**To:** Dhruv Ralhan <[dhruv@shs.healthcare](mailto:dhruv@shs.healthcare)>; [courtneys@pharmasales.com](mailto:courtneys@pharmasales.com); [wwopenorders@pharmasales.com](mailto:wwopenorders@pharmasales.com)  
**Subject:** Fwd: FW: New Vendor Set Up

Happy Monday,

Please we need the information below to make process smooth as possible.. and if possible let us know when will safe chain be ready to take possession of product. Thank you.

1. CONTACT NAME
2. EMAIL
3. PHONE NUMBER
4. COPY OF LICENCE
5. ADDRESS



# SafeChain Solutions

## VENDOR TAKE APPLICATION

Company Name:	GENTEK LLC		
Company DBA:			
Company Address:	45 CEDAR ST UNIT 3 Street Address STAMFORD CT 06902 City State Zip Code		
Payment Remit To Address:	45 CEDAR ST UNIT 3 Street Address STAMFORD CT 06902 City State Zip Code		
Accounts Receivable Contact Name	EDEL REYES		
Accounts Receivable Phone Number:	[REDACTED]		
Accounts Receivable Email Address:	SALES@GENTEKUSA.COM		
Payment Terms:	30% C.O.D. - 70% 7 DAYS		
Credit Limit:	6,000,000.00		
Payment Preference	Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input checked="" type="checkbox"/>		
If to be paid by ACH:	Bank Name: _____ Bank Routing Number: _____ Bank Account Number: _____		
If to be paid by Wire:	Bank Name: CITIZENS BANK Bank Routing Number: [REDACTED] Bank Account Number: [REDACTED]		
Email for PO's to be sent to:	SALES@GENTEKUSA.COM		
<p>Please attach your Maryland, and/or Utah State Licenses, along with a DEA License if selling controlled products to Safe Chain Solutions.</p> <p>Please also attach your W9 for tax purposes. (No payments can be made until Form W-9 is provided)</p>			

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Drug Control Division at [dcp.drugwholesalers@ct.gov](mailto:dcp.drugwholesalers@ct.gov).

In an effort to be more efficient and Go Green, the department asks that you keep your email information current. The email on your account will be used for all correspondence from this office.


You can update your address and email address or print a duplicate certificate by logging into your account with your User Id and Password at [www.elicense.ct.gov](http://www.elicense.ct.gov). If you need your User Id and/or Password, please email [dcp.online@ct.gov](mailto:dcp.online@ct.gov).

Mailing address:

Email on file to be used for receiving all notices from this office:

**GENTEK LLC**  
**45 CEDAR ST STE 3**  
**STAMFORD, CT 06902-8912**

**SALES@GENTEKUSA.COM**

<b>STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION</b>			
Be it known that			
<b>GENTEK LLC</b>			
<b>45 CEDAR ST STE 3</b>			
<b>STAMFORD, CT 06902-8912</b>			
has satisfied the qualifications required by law and is hereby issued a			
<b>WHOLESALE OF DRUGS, COSMETICS &amp; MEDICAL DEVICES</b>			
Controlled Substances: No	Rx Legend Drugs: Yes	Non Rx Legend Drugs: Yes	Medical Devices: No
Cosmetics: No	Medical Gases/Oxygen: No	Durable Medical Equipment (DME): Yes	
<b>Registration #: CSW.0004576</b>		 Michelle Seagull, Commissioner	
<b>Effective Date: 07/01/2020</b>			
<b>Expiration Date: 06/30/2021</b>			
<a href="http://www.elicense.ct.gov">verify online at www.elicense.ct.gov</a>			